

U.S. Bankruptcy Court  
PO Box 548  
Madison WI 53701-0548

UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF WISCONSIN

FILED/REC'D  
2007 SEP 28 AM 10:37  
CLERK, U.S.  
BANKRUPTCY COURT  
WD OF WI

In re: DEBORAH LYNN MYERS  
TIMOTHY LEE MYERS  
\_\_\_\_\_

Case No. 01-35940  
**PETITION TO CLAIM UNCLAIMED FUNDS  
FROM U.S. TREASURY**

Debtor(s)

I, the undersigned petitioner, under penalty of perjury under the laws of the United States of America, declare (or certify, verify or state) that the following statements and information are true and correct:

1. I am petitioning to receive the total amount of \$ 9,236.25 which is the sum of all monies deposited with the court by the case trustee on behalf of the creditor CITICAPITAL COMMERCIAL CORP.

2. Please check and complete the applicable subparagraph below.

- ☐ A. I am the creditor named in paragraph #1.
- ☒ B. I am an employee of the creditor named in paragraph #1 and my title is VICE PRESIDENT. The creditor is still legally entitled to the monies and I am authorized by the creditor to file this petition.
- ☐ C. I am the lawful attorney-in-fact or the creditor named in paragraph #1 and I am duly authorized by the attached original power of attorney to file this petition. I am aware of all pertinent state law requirements regarding such powers of attorney. The following is the creditor's address and phone number, and a brief history of the creditor (from filing of the claim to present), which includes, if applicable, identification of any sale of the company and the new and prior owner(s):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- ☐ D. Subparagraphs A and B above do not apply, but I am entitled to payment of such monies because (state basis for your claim):  
\_\_\_\_\_  
\_\_\_\_\_

3. I understand that, pursuant to 18 U.S.C. § 152, I may be fined not more than \$5,000, or imprisoned not more than five years, or both, if I have knowingly and fraudulently made any false statements in this document.

4. On 8/06/07, a copy of this fully completed document was mailed to the U.S. Attorney, PO Box 1585, Madison WI 53701, per 28 U.S.C. § 2042.

Danna Lewis-Phillips  
Petitioner's Signature

8/06/07  
Date

DANNA LEWISS-PHILLIPS, J.P.

Petitioner's Name (Type or Print)

3800 CITIGROUP CENTER - 6313

TAMPA, FL, 33610

Petitioner's Address

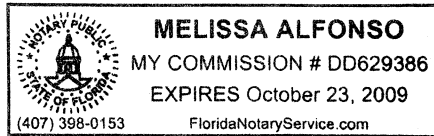
p# 813-604-9664

STATE OF Florida  
COUNTY OF Hillsborough

On 6<sup>th</sup> of August, 2007 before me personally appeared Danna Lewis-Phillips  
Date

The applicant who signed above is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

(SEAL)




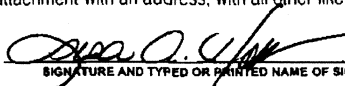
Melissa Alfonso  
Notary Public


My Commission expires on: 10/23/09

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 16, 2007 8:00 am**  
**Secretary of State**

05-16-2007 90015 046 \*\*\*150.00

<b>DOCUMENT # 822819</b> 1. Entity Name <b>CITICAPITAL COMMERCIAL CORPORATION</b>					
Principal Place of Business <b>250 E. CARPENTER FWY IRVING, TX 75062 US</b>			Mailing Address <b>3800 CITIBANK CTR G2-18 TAMPA, FL 33610 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>PO BOX 31226</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>Tampa, FL</b>			
Zip	Country	Zip <b>33631-3226</b>	Country <b>USA</b>	4. FEI Number <b>35-1158885</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. (DATE)					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS ANDERSON, KERRY 250 CARPENTER FREEWAY IRVING, TX</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ASSISTANT VP. LISA HOFFMAN 3800 CITICORP CENTER DR TAMPA, FL 33610</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP BARBER, MICHAEL G 250 CARPENTER FREEWAY IRVING, TX 75062</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V STONE, DONNA 250 E. CARPENTER FWY IRVING, TX 75062</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T VERDESCHI, MICHAEL 450 MAMARONOCK AVE HARRISON, NY 10528</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Michael Nemeth</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD ALEMANY, ELLEN 399 PARKAVE NEW YORK, NY 10022</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AVP BRAVENDER, LISA 250 E CARPENTER FREEWAY IRVING, TX 75062</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  <b>LISA A. HOFFMAN</b>			<b>5-15-07</b> <b>813-604-0342</b>		



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Please complete the following search criteria to continue your search process for the organization hierarchy of CITICAPITAL COMMERCIAL CORPORATION (2977562).

**Starting From:** ☐ CITICAPITAL COMMERCIAL CORPORATION

☒ Parent(s) of CITICAPITAL COMMERCIAL CORPORATION  
**CITIGROUP INC.**

**Institution Type:** ☒ Standard Organization Hierarchy

☐ Organization Hierarchy Identifying HMDA Respondents

**Institution Types Included:**  
**All**  
Commercial Bank  
Cooperative Bank  
Credit Union

**As of year end**  
2005  
2006

**Organization as of date (mm/dd/yyyy) format:**  
07/26/2007

**Report Format:** ☒ HTML ☐ PDF

The report will default to PDF format if over 200 institutions satisfy the search criteria.

Submit

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AFFIDAVIT OF AUTHORIZATION

I, Andrew D. Harwood, Executive Vice President of Citigroup Payment Services, a business division within Citigroup Inc. ("Corporation"), being first duly sworn, depose and say:

1. That I have been authorized by John C. Gerspach, Controller and Chief Accounting Officer of the Corporation to act on behalf of the Corporation and its direct and indirect subsidiary corporations and/or any of their predecessor corporations to manage the recovery of abandoned property of any of said entities that may be held by federal, state or local agencies;

2. That I have also been authorized by John C. Gerspach to delegate the authority described above to Cynthia A. Timberlake, Lawrence Loschiavo, and Danna Lewis-Phillips, each of whom is an officer in the Citigroup Payment Services business division, and their signatures are, as set forth below:

Cynthia A. Timberlake

Lawrence Loschiavo

Danna Lewis-Phillips

3. That I have carefully examined this Affidavit and assert that all of the statements and representations contained herein are true.

IN WITNESS WHEREOF, I have hereunto set my hand this 4<sup>th</sup> day of August 2006.

Andrew D. Harwood

STATE OF FLORIDA)  
COUNTY OF HILLSBOROUGH)

Subscribed and sworn before me, Melissa A. Scrimshaw, a Notary Public, this 4<sup>th</sup> day of August 2006.

NOTARY PUBLIC

